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Draft country programme document**

Ukraine

Summary

The Executive Director presents the draft country programme document for Ukraine for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $4,775,000 from regular resources, subject to the availability of funds, and $7,520,000 in other resources, subject to the availability of specific purpose contributions, for the period 2006 to 2010.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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Basic data† *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	10.0
U5MR (per 1,000 live births)	19
Underweight (%, moderate and severe, 2000)	3
Maternal mortality ratio (per 100,000 live births, 2004)	13
Primary school enrolment (% net, male/female, 2004/2005)	89/87
Primary schoolchildren reaching grade 5 (%, 2004)	99
Use of improved drinking water sources (%, 2002)	98
Adult HIV prevalence rate (%, end 2003)	1.4
Child work (%, children 5-14 year-olds)	..
GNI per capita (US$)	970
One-year-olds immunized against DPT3 (%, age 12-15 months)	97
One-year-olds immunized against measles (%, age 12-15 months)	99

† More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Ukrainian Presidential elections in late 2004, accompanied by mass popular demonstrations, resulted in the inauguration of a new President in early 2005, shortly followed by the appointment of a new Government. The Government's programme, 'Towards the People', is centred on principles of justice, equity and democracy and offers a historic opportunity to place child rights at the forefront of the political agenda and ensure the well-being of Ukraine's children.

2. The last five years have seen a reversal of the economic decline of the previous decade with an increase in household income. According to 2002 household survey data, however, 17 per cent of the population in larger cities and 42 per cent in rural areas still live below the poverty line. The Common Country Assessment (CCA) found that poverty mostly affects families with many children, pensioners and single parent-headed households. Between 1990 and 2002, life expectancy fell from 66 to 62.4 years for men and from 75 to 73.6 years for women.

3. Since independence, Ukraine has achieved significant progress in establishing a market economy. However, government budgetary allocations for all social sectors are extremely limited, with a total budget of $660,000 for children's social protection in 2005. Unequal distribution of social benefits results in a smaller share of assistance being allocated to families in greatest need. The total government budget deficit for 2005 of $1.6 billion compounds the critical situation facing financing of social services.

4. Ukraine ratified the Convention on the Rights of the Child in 1991 and submitted its first report to the Committee on the Rights of the Child in 1993. In considering Ukraine's second report in 2002, the Committee regretted the lack of action taken on its previous recommendations to develop a monitoring system and evaluate progress in the implementing the Convention. The National Programme 'Children in Ukraine' was developed within the broad framework of the Convention in 1996. However, the absence of a time-bound and measurable strategy has not

allowed for the effective implementation of the Convention. A new national plan of action (NPA) for children is being developed, based on *A World Fit for Children*.

5. Infant and child mortality rates are amongst the lowest in the region, but the health of children and adolescents continues to deteriorate. High morbidity is attributable to a combination of factors including the rise in adolescent tuberculosis, drug and alcohol abuse and increased risk-taking behaviour. Access to care by the most economically disadvantaged is jeopardized by unofficial charges for health services. The after-effects of the Chernobyl nuclear disaster continue to seriously affect the lives of children.

6. Immunization coverage rates have consistently remained over 95 per cent for all antigens of the expanded programme on immunization. Iodine deficiency disorders (IDD) continue to be a nationwide public health problem; natural iodine is lacking in the soil in large areas of Ukraine and only an estimated 31 per cent of the population consume iodized salt.

7. Ukraine stands on the threshold of a nationwide HIV/AIDS epidemic. An estimated 360,000 people are living with HIV, though only some 75,000 infections are registered. Approximately 80 per cent of those infected with HIV are under the age of 30 and the spread of HIV is being driven primarily by injecting drug use. In 2004, approximately 40 per cent of all HIV infections were in women, 60 per cent of them under 25 years of age, while in 1997 women comprised only 11 per cent of those infected.

8. The number of HIV-infected pregnant women has increased five-fold in the last four years. The rate of transmission of HIV from mother to child, however, was reduced from 27 to 10 per cent between 2000 and 2003. To date, 8,325 children have been born to HIV-positive mothers; of these, approximately 3,000 are under 18 months old and awaiting confirmation of their HIV status. Eighty per cent of HIV-positive children are living with their families; 20 per cent are abandoned to the State and a number of them are growing up in hospitals. Care and treatment for children and families affected by HIV/AIDS are lacking; there are no national standards of care and psychosocial support for HIV-affected children, including orphans. Insufficient knowledge about HIV/AIDS contributes to fear, discrimination and stigmatization of HIV-positive children and leads to the infringement of their rights.

9. Progress in reforming the system of institutionalization of children is slow, as is the provision of alternative care. More than 96,000 children are registered as orphans and deprived of parental care. Some 62,000 children are living in boarding schools, orphanages and shelters, an increase of 71 per cent since 1995. Domestic violence is the major reason reported by children for their leaving home. At the same time, the absence of a prevention-oriented juvenile justice system has contributed to further institutionalization of children. Some 2,800 children were confined in correctional institutions in 2003, a 7-per-cent increase over 2001. In 2002, the Committee on the Rights of the Child indicated particular concern regarding the absence of juvenile courts and judges and the limited number of legal professionals, social workers and community educators, despite legal provisions for them.

10. Ukraine is a source country for trafficking in human beings. The full extent of the problem is unknown, but available data indicate that the majority of those

trafficked are women aged 22-27 years, an increasing number are minors and many are from low-income households with a low level of education. The trafficking of children is largely for illegal adoption, prostitution or production of pornography.

11. Ukraine stands at a crossroads that offers major opportunities for policy and socio-economic reforms that could address disparities, promote equity and inclusion of marginalized and disadvantaged groups, and give priority to children.

Key results and lessons learned from previous cooperation, 2003-2005

Key results achieved

12. The main goals of the 2003-2005 country programme centred on early child development, with a focus on the achievement of universal salt iodization and infant nutrition, HIV/AIDS and young peoples' health and development, and child protection. The Government's extended annual review of the programme endorsed its current direction and recommended a stronger thrust on child protection, with more focus on children in institutions.

13. The first National Programme on the Prevention of Mother-to-Child Transmission (PMTCT) of HIV for 2001-2003 was supported by UNICEF, with assistance from the Swedish International Development Authority (Sida) and the United Kingdom Committee for UNICEF. It resulted in the reduction of HIV transmission to infants to 10 per cent in 2003 and prevented infection in 600 infants. Significant progress has been made in the integration of PMTCT interventions into maternal and child health (MCH) services. This is now being expanded for country wide implementation. The Ukraine PMTCT programme is a best practice model for experience exchange in the region. In 2003, the World Health Organization (WHO) and other partners assisted the Government to review the programme, which led to the adoption of an intersectoral approach in the PMTCT programme for 2005-2011.

14. Decentralization of the "baby-friendly" hospital assessment process and training to regional centres resulted in the number of hospitals certified as "baby friendly" increasing from 4 in 2001 to 42 in 2004. The number of births taking place in "baby-friendly" hospitals increased from under 3 per cent of newborns in 2001 to 19 per cent in 2004. With support from UNICEF and John Snow International, new national standards for the re-assessment of "baby-friendly" hospitals were introduced in 2004, covering a wider range of interventions and providing the basis for the transition from the "baby-friendly" concept to a "family-friendly" approach in MCH services.

15. Immunization of infants against hepatitis B was launched in 2003 and safe injection equipment introduced in the childhood immunization programme, with funds provided by the Global Alliance for Vaccines and Immunization (GAVI) and technical assistance from UNICEF and the Program for Appropriate Technology in Health. By 2004, 92 per cent of infants had been immunized against the disease.

Lessons learned

16. The supply of iodized salt in 2004 doubled over that of 2003 and salt producers have been supported with salt testing and the monitoring and marketing of iodized salt. Yet less than one third of households consume iodized salt. In order

to reach 90-per-cent use of iodized salt by all households, a comprehensive multisectoral approach to salt iodization is needed, including legislation on universal salt iodization and creation of a regulatory system, combined with intensive mass communication.

17. As part of the national HIV/AIDS strategy, 14 counselling points for young injecting drug users (IDUs) were established in 10 cities. Based on these models, the Government has set up a further 24 counselling points and included prevention work with young IDUs in the national plan of action of the Social Services for Youth. These models informed the government response to HIV/AIDS prevention among IDUs, previously undertaken by non-governmental organizations (NGOs), and have helped to bring new partnerships into place. This has demonstrated that evidence-based models with positive outputs are particularly important in working with hard-to-reach and highly vulnerable groups and can go to scale as part of national programmes.

The country programme, 2006-2010

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Advocacy, information and social policy	1 050	1 020	2 070
HIV/AIDS, children and youth	800	3 000	3 800
Child protection	1 200	1 750	2 950
Child health and development	1 000	1 750	2 750
Cross-sectoral costs	725	--	725
Total	**4 775**	**7 520**	**12 295**

Preparation process

18. The new country programme is based on the CCA and the United Nations Development Assistance Framework (UNDAF). All United Nations agencies in Ukraine participated in both processes with five thematic groups collaborating closely with the Government and NGOs. The CCA was validated by the Government in 2004. The UNDAF is still to be signed by the Government.

19. A country strategy paper prepared in late 2004 reaffirmed the need to prioritize activities, create synergies and build partnerships. Based on further discussions, the draft country programme document was developed in consultation with the Government, NGOs, donors and other United Nations agencies.

Goals, key results and strategies

20. The overall goal of the country programme, in line with the UNDAF, will be to improve the health and development of children and youth, and ensure their participation and protection in an enabling environment where the rights of women are also respected and fulfilled. The approach will be rights-based and prioritize actions for the most vulnerable and disadvantaged children and youth.

21. The programme will contribute to the achievement of the following key results: (a) the development and adoption of policies, standards and norms that are supportive of children's rights; (b) 90 per cent of young people will know how to protect themselves from HIV/AIDS; (c) the rate of mother-to-child transmission of HIV will reduced below 5 per cent; (d) all HIV-positive children are to have access to antiretroviral (ARV) therapy; (e) systems will be in place to reduce violence and abuse of children; (f) a preventive and reintegration-oriented juvenile justice system will be in place; (g) the majority of children will be born in "baby-friendly" facilities; (h) most parents of young children will have increased knowledge of child development; and (i) IDD will be eliminated.

22. Strategies will include the development and implementation of child-centred policies and practices, and empowering families and young people to make informed choices and encourage attitudinal and behavioural change. Support will be provided to national and local government authorities to test innovative approaches in order to provide best practice models for replication. Partnerships will be developed with civil society, media, the private sector and international organizations. Many activities will be implemented nationwide. Specific geographical areas will be identified with the Government for best practice models and other interventions to address the needs of disadvantaged and socially excluded groups.

Relationship to national priorities and the UNDAF

23. The Government has adopted six Millennium Development Goals that are specific to Ukraine: poverty reduction; quality, life-long education; sustainable environmental development; improved maternal health and reduced child mortality; halting the spread of HIV/AIDS and tuberculosis; and gender equality. The country programme contributes directly to the achievement of several of these goals.

24. The UNDAF details four broad cooperation areas: health and basic social services; civil society empowerment; institutional reform; and poverty alleviation. UNICEF will contribute to these outcomes, and has a specific lead role in child- and youth-centred activities.

Relationship to international priorities

25. The country programme will primarily address three of the five priorities of the UNICEF medium-term strategic plan: early childhood development, child protection, and fighting HIV and AIDS. With high immunization coverage achieved, and girls' attendance in both primary and secondary school high and on a par with that of boys, the UNICEF role in these areas will centre on monitoring. Ukraine is one of the countries selected for the six-year UNICEF Global Campaign on Children and AIDS.

26. The country programme structure is closely linked to the goals of *A World Fit for Children*, the Millennium Declaration and the Millennium Development Goals, specifically contributing to the reduction of child mortality, improving maternal health, combating HIV/AIDS, protecting the vulnerable, promoting gender equality and empowering women, and developing a global partnership.

Programme components

Advocacy, information and social policy

27. The Government has developed a number of national programmes to benefit children. However, existing national policies related to child rights are often not supported by regulations, practices and budgetary allocations. There is also a lack of sufficient knowledge and data in specific areas to effectively address children's needs.

28. The NPA for children provides a new impetus for child rights to be given high priority by the Government and civil society. Monitoring of child rights and informing policy-making will be assisted through the use of socio-economic analysis based on national data and using national and international experience. The introduction of the *DevInfo* system will facilitate documentation, mapping and identification of disadvantaged populations, and provide a powerful tool for analysis of disparities and for better responding to the needs of disadvantaged families. This information will assist the Government to factor in children's priorities when designing and implementing new economic development plans, so as to ensure that children benefit more directly from the economic and social policy reform agenda and economic growth.

29. Support will be provided for the adoption and implementation of policies and model practices to protect children and youth and ensure their participation in decisions affecting them. Special focus will be placed on children in institutions and HIV-positive children. The situation of children affected by the Chernobyl nuclear disaster will be assessed and monitored. To prevent trafficking in children, support will be provided to policy development and information and advocacy campaigns. The concept of "child-friendly" social services and cities will be promoted.

30. The creation of a mass media partnership for children will be supported, and an extensive programme on child rights reporting for the media will be developed. National regulations on media reporting that protect children's rights will be strengthened.

31. A national child rights monitoring system will be established to support the NPA for children. Building on *DevInfo*, a knowledge base will be created as a repository for information on the situation of children. To give a voice to children both at the local level and through the media, child advisory councils will be established by local authorities, and national television and radio channels will be encouraged to regularly broadcast programmes on child rights.

32. The main government partner will be the Ministry of Youth and Sport, working in cooperation with local governments. UNICEF, together with civil society organizations, will support the Government in the development and implementation of the NPA and utilize its global experience in the implementation of a social policy agenda. The National Council on Radio and Television and the Union of Journalists will be supported in building a media partnership for children.

HIV/AIDS, children and youth

33. There are an estimated 560,000 IDUs who continue to constitute the majority of HIV-infected people. There are no national standards for the care and support for HIV-positive children and most kindergartens and schools exclude them. To date,

only 1,052 people, including 115 children, are being treated with ARV medicines, although an estimated 10,000 to 15,000 HIV-positive people require ARV treatment.

34. By the end of 2010, 90 per cent of young people will have knowledge to protect themselves from HIV and 90 per cent of schools will systematically provide life skills-based education. The rate of mother-to-child transmission of HIV will be reduced to less than 5 per cent. HIV-positive mothers and all HIV-positive children will have access to ARVs and be provided medical, social and psychological support. Policies that ensure the rights of children living with HIV to family life, education, inheritance and property will be developed and implemented.

35. Prevention of HIV infection among young people remains a priority and UNICEF will continue to support life skills-based education both in schools and in out-of-school settings. Capacity-building to expand "youth-friendly" health services will continue. Activities to prevent the initiation of injecting drug use among young people will be developed in four regions. Prevention programmes that focus particularly on young people and children with high vulnerability to HIV infection will be supported. Awareness-raising campaigns will be implemented to increase knowledge among youth and children. Young people will be engaged as creators and disseminators of HIV/AIDS information using peer-centred methodologies. Through the provision of information, women and girls will be better placed to protect themselves from HIV.

36. The PMTCT programme will expand access to voluntary counselling and testing, advocate for the provision of ARV treatment, improve antenatal care and strengthen community support for HIV-positive women and their partners. Alliances will be built with NGOs to provide interventions for women not covered by health services, especially IDUs and those from marginalized groups.

37. National policy and regulations to protect the rights of children living with HIV/AIDS will be developed in concert with the Government. Dialogue with communities will be promoted and the interpersonal skills of educators and health workers will be strengthened to ensure that HIV-positive children are not discriminated against. UNICEF will support the development of a package of essential care and support services.

38. Government ministries and local authorities will be major partners. Other partners are the Joint United Nations Programme on HIV/AIDS (UNAIDS); the United Nations Population Fund (UNFPA) and the World Bank on PMTCT; UNFPA and WHO on the improvement of health care services; the United Kingdom Department for International Development (DFID) and the United States Agency for International Development (USAID) and on orphans and vulnerable children living with HIV; and the Global Fund to fight AIDS, Tuberculosis and Malaria in the improvement and scaling up of treatment, care and support for people living with HIV/AIDS.

Child protection

39. Existing laws on children's rights lack the regulatory instruments to translate them into action and violations of children's rights in institutions and juvenile prisons continue to be widespread. The Committee on the Rights of the Child recommended that Ukraine ensure full implementation of juvenile justice standards with assistance from international agencies including UNICEF.

40. The priorities of this programme will be to protect children from widespread domestic and institutional violence and abuse, to de-institutionalize children while providing a protective environment for those in state care, and to develop a restorative justice system specifically applicable to children.

41. Existing legislation and policies that protect children from violence and abuse will be reviewed and strengthened. Greater awareness among the public on the prevalence and causes of violence against children will complement adoption and enforcement of standards within such state institutions as schools and residential care.

42. Through public awareness campaigns, attitudes in favour of an environment that is supportive of families and of family care as an alternative to the institutionalization of children will be promoted. Similar campaigns will aim to protect the rights of children in domestic situations and state institutions. Institutionalized children will start to be integrated into society as children are increasingly placed in family types of care or in smaller institutions linked to communities. Children who remain in institutions will have access to quality education and social services.

43. A juvenile justice system that protects children's rights and promotes their reintegration will be established through reforming legislation and training of legal personnel and social workers.

44. Partners will include the Ministries of Justice and of Youth and Sport; the legislative and judicial branches of government; community-based organizations; self-governance associations; parliamentary bodies; specialized national and international NGOs; the Canadian International Development Agency (CIDA) and Sida on juvenile justice; and the European Commission on child care reform.

Child health and development

45. Almost all women give birth in health facilities, yet exclusive breastfeeding is rare and infant formula is widely promoted. Policies and guidelines as well as practices of parents and health-care workers related to infant and young child feeding are poor. Over 90 per cent of parents of young children wish to receive counselling on child care, yet there is no system in place for its provision. Some 80 per cent of newborns in Ukraine are still at risk of iodine deficiency.

46. The programme will contribute to a reduction in maternal and infant morbidity and mortality, with significant improvements in the health of the majority of newborns. The WHO live birth definition will be introduced into the national infant mortality registration system. Parent training will be integrated into the existing MCH system. The introduction of "family-friendly" MCH practices and parent training will contribute to prevention of early abandonment of children, with links established with the child protection system and PMTCT activities.

47. In order to decrease newborn and infant mortality and morbidity, MCH policies and practices will be reformed in line with WHO/UNICEF recommendations and a "family-friendly" approach will be adopted to complement the continued support for "baby-friendly" MCH facilities.

48. To eliminate iodine deficiencies, UNICEF will continue high-level advocacy for the implementation and enforcement of legislation on universal salt iodization.

An effective system for monitoring iodized salt will be established, and the marketing of iodized salt will be strengthened. Other micronutrient deficiencies will also be addressed.

49. While coverage will be national, special attention will be paid to children living in rural areas and disadvantaged communities. Activities on infant and young child nutrition will concentrate in four selected regions in order to establish best practice models. Reference sites for young child development activities in selected regions will develop and pre-test standards, guidelines and monitoring tools.

50. The main partners will be the national Government and its regional networks, especially the Ministries of Health, of Youth and Sport and of Education and Science. Support by UNICEF complements that of WHO, UNFPA and John Snow International in reproductive health; American International Health Alliance activities in family health care; the Future Group's activities on health care policies; and the Swiss Centre for International Health's efforts to improve MCH services. Child development activities will complement support for education reform by the United Nations Development Fund (UNDP) and will be implemented in partnership with civil society organizations. Cooperation with local government and strengthening the capacity of local communities will be an integral part of programme activities. Collaboration with GAVI will continue up to 2007.

51. **Cross-sectoral costs** will cover basic operational costs for support staff and technical assistance in the area of supply, procurement, general logistics and staff security.

Major partnerships

52. The proposed country programme demands strong partnerships at national, regional and international levels that will include government, civil society, NGOs and the private sector. The Ministry of Youth and Sport will continue to coordinate cooperation between UNICEF and the Government. Other government partners will include the Ministries of Health, Education and Science, Labour and Social Policy, and Justice.

53. UNICEF will enhance its cooperation with the Parliament and its specialized committees to ensure that adequate attention is paid to the development of legislation to protect children's and women's rights. Partnerships with local government, communities and families will be actively promoted in order to strengthen their participation in and ownership of new social models and services that provide a platform for scaling-up to the national level.

54. The CCA/UNDAF process has laid the foundation for close cooperation with other United Nations agencies in the areas of health (UNDP, UNFPA, UNAIDS, WHO); and trafficking and violence prevention (the International Labour Organization, the International Organization for Migration, the Organisation for Security and Cooperation in Europe, WHO). Other major partners will include bilateral and multilateral donors (CIDA, Development Cooperation Ireland, DFID, Sida, USAID and others), the European Union, the World Bank, the Global Fund, National Committees for UNICEF and national and international NGOs.

Monitoring, evaluation and programme management

55. The country programme results matrix will be the main instrument to monitor with government counterparts progress towards strategic results and improve results-based management. Key indicators will include infant, child and maternal mortality rates; the rate of household use of iodized salt; the rate of mother-to-child transmission of HIV; the number of HIV-positive children receiving ARV therapy; rates of young people's access to information on HIV prevention; and the proportion of children in institutions compared with those in family type care.

56. A five-year integrated monitoring and evaluation plan will include evaluations on infant and young child feeding, the PMTCT programme and rehabilitation of children deprived of parental care. An end-of-programme evaluation of the UNDAF will be conducted, and annual programme reviews and a mid-term country programme review in 2008 will be used to take corrective action in the direction of the programme. The *DevInfo* system, supplemented by national and subnational data from the State Statistics Committee and other government agencies, and a multiple indicator cluster survey in 2009, will be employed to monitor progress towards the Government's goals.

57. The implementation of the country programme will be coordinated with the Ministry of Youth and Sport and the various ministries mentioned above. The UNICEF representative, supported by a country management team, will provide overall leadership and coordination for the effective and efficient implementation of the programme.